PTO/SB/06 (07-06)

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PATENT APPLICATION FEE DETERMINATION RECORD Substitute for Form PTO-875								Application or Docket Number 10/710,904			ing Date 12/2004	To be Mailed
	Al	AS FILE	SMALL	ENTITY 🛛	OR		HER THAN					
⊢	FOR		NUMBER FILED		(Column 2) NUMBER EXTRA		п	RATE (\$)	FEE (\$)	<u> </u>	RATE (\$)	FEE (\$)
×	BASIC FEE (37 CFR 1.16(a), (b),	\neg	N/A		N/A			N/A	0	i	N/A	TLL (0)
\boxtimes	SEARCH FEE		N/A		N/A			N/A	0	i	N/A	
⊠	(37 CFR 1.16(k), (i), (EXAMINATION FE	E	N/A		N/A			N/A	0	1	N/A	
	(37 CFR 1.16(o), (p), FAL CLAIMS CFR 1.16(i))	or (q))	22 minus 20 =		• 2			X \$9 =	18	OR	x s =	
IND	EPENDENT CLAIM CFR 1,16(h))	s	4 minus 3 =		• 1			X \$43 =	43	1	x \$ =	
	APPLICATION SIZE (37 CFR 1.16(s))	FEE shee is \$2 addit 35 U	If the specification and drawin sheets of paper, the application is \$250 (\$125 for small entity) additional 50 sheets or fraction 35 U.S.C. 41(a)(1)(G) and 37			n size fee due for each i thereof. See						
MULTIPLE DEPENDENT CLAIM PRESENT (37 CFR 1.16(j))												
* If the difference in column 1 is less than zero, enter "0" in column 2.								TOTAL	61	J	TOTAL	
APPLICATION AS AMENDED – PART II OTHER THAN (Column 1) (Column 2) (Column 3) SMALL ENTITY OR SMALL ENTITY												
AMENDMENT	06/26/2008	CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR		PRESENT EXTRA		RATE (\$)	ADDITIONAL FEE (\$)		RATE (\$)	ADDITIONAL FEE (\$)
	Total (37 CFR 1.18())	• 20	Minus	22		= 0		X \$25 =	0	OR	x s =	
	Independent (37 CFR 1,16(h))	• 2	Minus	4		= 0		X \$105 =	0	OR	x s =	
ME	Application Size Fee (37 CFR 1.16(s))											
_	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(j))									OR		
									0	OR	TOTAL ADD'L FEE	
(Column 1) (Column 2) (Column 3)												
AMENDMENT		CLAIMS REMAINING AFTER AMENDMENT		HIGHES NUMBE PREVIOU PAID FO	R	PRESENT EXTRA		RATE (\$)	ADDITIONAL FEE (\$)		RATE (\$)	ADDITIONAL FEE (\$)
	Total (37 CFR 1,16(1))		Minus					X \$ =		OR	x s =	
M	Independent (37 CFR 1,16(h))		Minus	***			Ш	x \$ =		OR	x s =	
Ä.	Application Size Fee (37 CFR 1.16(s))]		
ΑM	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(j))									OR		
										OR	TOTAL ADD'L FEE	
If the entry in column 1 is less than the entry in column 2, write 0" in column 3. Legal Instrument Examiner: "If the "Highest Number Previously Paid For IN THIS SPACE is less than 20, enter" 20". "If the "Highest Number Previously Paid For IN THIS SPACE is less than 3, enter "2". "If the "Highest Number Previously Paid For IN THIS SPACE is less than 3, enter "3". The "Highest Number Previously Paid For IN THIS SPACE is less than 3, enter "3".												

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